

IOWA DEPARTMENT OF TRANSPORTATION
OFFICE OF MATERIALS**NUCLEAR FILM BADGE CERTIFICATION**

I HEREBY CERTIFY THE FOLLOWING:

1. The operator(s) has attended the training course in nuclear testing conducted by the Central Laboratory.
2. All safety practices outlined in [Materials I.M. 206](#) have been followed.
3. The following individual(s) was wearing a nuclear exposure badge on his front waist, while operating nuclear testing equipment, and that the exposure as determined on the enclosed badges should be indicative of radiation received for the appropriate time period.

EXPOSURE PERIOD/DATE: From _____ To _____

<u>NAME</u>	<u>FILM BADGE NO.</u>	<u>GAUGE NO.</u>	<u>APPROX. HRS. USED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS:

The above information, to the best of my knowledge, is complete and accurate.

Engineer in Charge_____
Datecc: Office of Materials Laboratory
Transportation Center File